

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	10/634225	FILING DATE
						APPLICANT(S)		
						CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP		
1	1							
2		1		1				
3				1				
4					1			
5		4		3				
6		4		3				
7		4		3				
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TOTAL IND.	1			1				
TOTAL DEP.	21	→		14	→			
TOTAL CLAIMS	22			15				

  

IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.					
TOTAL DEP.		→		→	
TOTAL CLAIMS					